EPP0652

Gender matters

P. García Vázquez* and R. Gomez Martinez

Psiquiatría, Complejo Asistencial Universitario León, León, Spain
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.982

Introduction: Recently, the seasonal pattern of bipolar disorder has been accepted, with the clinical, diagnostic, treatment and prognostic consequences that this entails. It is interesting to study its epidemiological characteristics, such as the influence of gender on this pattern.
Objectives: To study the influence of gender in the Seasonal Pattern of Bipolar Disorder.
Methods: A systematic review was carried out by means of a bibliographic search in Ovid MEDLINE of articles published in the last ten years (2010-2020), using the following keywords: bipolar disorder, seasonal pattern and gender: Those studies carried out in patients who presented a seasonal pattern were selected, and the influence of gender on this was studied.
Results: The initial search showed a total of 92 articles, of which 7 met the inclusion criteria. It was found that, indeed, gender influences both the clinical characteristics and the course, management and prognosis of the seasonality of bipolar disorder.
Conclusions: The diagnosis of the Seasonal Pattern in Bipolar Disorder continues to be an important challenge. Women more frequently present PE, associated with manic, depressive or mixed episodes, while men in depressive episodes. Men are more frequently associated with Bipolar Disorder type II and depressive episodes, and women with rapid cycling and eating disorders. Male manic episodes are associated with psychotic symptoms, and with greater severity in admissions. Women have a higher risk of Seasonal Pattern than men, with the clinical and prognostic repercussions that this entails.

Keywords: bipolar disorder; seasonal pattern; Gender

EPP0650

Evaluation of a newly implemented crisis-resolution and home-treatment team in munich – a mixed-methods-analysis

J. Boyens[1]*, P. Brieger[2] and J. Hamann[1]

[1]Klinik Und Poliklinik Für Psychiatrie Und Psychotherapie, Technical University of Munich, München, Germany and [2]Direction, kbo-Isar-Amper-Klinikum, Haar, Germany
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.983

Introduction: Challenged by the lack of collaboration between treatment sectors in psychiatric care in Germany, a legal basis for the implementation of Stationsäquivalente Behandlung (StäB), a programme for crisis resolution and home treatment (CRHT), was formed in 2017. It offers intensive care to patients with severe mental illness in their own living environments, carried out by a team of diverse professionals.
Objectives: The present analysis is the first to evaluate the CRHT-program that has been established in the greater Munich area in 2018.
Methods: Qualitative and quantitative data were collected within the framework of a mixed-methods-analysis. Records of all patients (N=139) included in the CRHT over a thirteen-month period ('18–'19) were examined regarding sociodemographic, clinical

parameters, and treatment data. A focus group with StäB-employees (N=8) and individual interviews with patients (N=10) were conducted, then transcribed, and analysed using thematic analysis.
Results: 139 patients (74% female) were treated in 164 cases for 38 days on average. Main diagnoses were schizophrenic diseases (43%) and mood disorders (35%), with patients ranging from markedly to severely ill (mean CGI-S: 5.8). 9.4% were in postpartum. Qualitative analysis is still in progress. Preliminary results demonstrate positive responses to individual treatment and environmental integration, whereas frequently changing contacts and the logistical effort were seen critically.
Conclusions: Work is still in progress. We expect StäB to be an adequate alternative to inpatient treatment for women in puerperium and a new opportunity for patients who need intensive treatment but refuse hospitalisation.

Keywords: integrated care; crisis resolution and home treatment; Germany

EPP0651

Adverse childhood experiences, family relationship and generalized anxiety in the youth population in Hong Kong

W.C. Tang[1], C.S. Wong[2]*, W. Chang[2], C.L. Hui[1], S.K. Chan[1] and E. H. Lee[1]

[1]Department Of Psychiatry, The University of Hong Kong, HK, Hong Kong PRC and [2]Department Of Psychiatry, The University of Hong Kong, Hong Kong, Hong Kong PRC
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.984

Introduction: Adverse childhood experiences (ACEs) are shown to be risk factors for developing anxiety later in life. However, one's family relationship acts as a protective factor between ACEs and anxiety.
Objectives: The present study examines the interaction between ACEs and family relationship and their effect on generalized anxiety (GA) amongst the youth population in Hong Kong.
Methods: Participants aged 15-24 were recruited from a population-based epidemiological study in Hong Kong. GA in the past two weeks was assessed using GAD-7, while ACEs were measured using the childhood section of Composite International Diagnostic Interview screening scales (CIDI-SC), encompassing parental psychopathology, physical, emotional, sexual abuse, and neglect before age 17. Family relationship was measured by the Brief Family Relationship Scale (BFRS). Linear regression and a two-way ANCOVA were conducted to examine the association between ACEs, family relationship and GA, while adjusted for age and gender.
Results: 633 (70.7%) out of 895 participants had any ACEs. ACEs significantly predicted GAD-7 scores (B=1.272, t(891)=4.115, p<.001). Two-way ANCOVA reported a significant interaction effect of ACEs and family relationship on GA (F(1, 889)=4.398, p=.036), namely those who had any ACEs and poorer family relationship scored higher in GAD-7 (p<.001), whereas there was no difference in family relationship for those without ACEs on GA (p=.501).
Conclusions: ACEs increases the vulnerability to GA later in life. However, its effect on anxiety decreases when one has a better family relationship. This suggests a possible moderating role of family relationship in developing GA among younger people.

Keywords: youth population; adverse childhood experiences; family relationship; generalized anxiety

EPP0652

The landscape of schizophrenia on twitter

T. Rodrigues[1]*, N. Guimarães[2] and J. Monteiro[3]

[1]Psiquiatria, Centro Hospitalar Vila Nova de Gaia/Espinho, Vila Nova de Gaia, Portugal; [2]Ciências De Computadores, Faculdade de Ciências da Universidade do Porto, Porto, Portugal and [3]Psychiatric Department, Vila Nova de Gaia/Espinho Hospital Center, Vila Nova de Gaia, Portugal
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.985

Introduction: People with schizophrenia experience higher levels of stigma compared with other diseases. The analysis of social media content is a tool of great importance to understand the public opinion toward a particular topic.
Objectives: The aim of this study is to analyse the content of social media on schizophrenia and the most prevalent sentiments towards this disorder.
Methods: Tweets were retrieved using Twitter's Application Programming Interface and the keyword "schizophrenia". Parameters were set to allow the retrieval of recent and popular tweets on the topic and no restrictions were made in terms of geolocation. Analysis of 8 basic emotions (anger, anticipation, disgust, fear, joy, sadness, surprise, and trust) was conducted automatically using a lexicon-based approach and the NRC Word-Emotion Association Lexicon.
Results: Tweets on schizophrenia were heterogeneous. The most prevalent sentiments on the topic were mainly negative, namely anger, fear, sadness and disgust. Qualitative analyses of the most retweeted posts added insight into the nature of the public dialogue on schizophrenia.
Conclusions: Analyses of social media content can add value to the research on stigma toward psychiatric disorders. This tool is of growing importance in many fields and further research in mental health can help the development of public health strategies in order to decrease the stigma towards psychiatric disorders.

Keywords: Twitter; Schizophrenia; Emotion Analysis

EPP0654

Workplace violence in a 20 year follow-up study of norwegian physicians: The roles of gender, personality and stage of career

S. Nøland[1]*, H. Taipale[1], J. Mahmood[2] and R. Tyssen[2]

[1]Faculty Of Medicine, University of Oslo, Oslo, Norway and [2]Department Of Behavioural Medicine, University of Oslo, Oslo, Norway
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.986

Introduction: Workplace violence (WPV) is a worldwide health problem with major individual and societal consequences. Previously identified predictors of WPV include working in psychiatry and work stress.
Objectives: To investigate WPV trends during Norwegian doctors' careers and assess individual long-term predictors in a longitudinal study.
Methods: Two nationwide medical student cohorts (n=1052) who graduated 6 years apart were surveyed at graduation (T1, 1993/94 and 1999) and 4 (T2), 10 (T3), 15 (T4) and 20 (T5) years after graduation (Figure 1). WPV was measured as multiple threats or acts of violence experienced at least twice. Individual predictors were obtained at T1 and work-related factors at T2–T5. WPV was analysed using repeated measures (Generalized Estimating Equations).

Results: The prevalence of multiple threats and acts of violence declined at T2–T5 (p<0.001). Adjusted predictors of threats were male gender (odds ratio, OR 2.76, [95% confidence interval] 1.73–4.40; p<0.001), vulnerability traits (OR 0.90, [0.82–0.99]; p=0.031), older cohort (OR 1.63,[1.04–2.58], p=0.035) and working in psychiatry (OR 7.50, [4.42–12.71]; p<0.001). Adjusted predictors of acts were male gender (OR 3.37, [1.45–7.84]; p=0.005), older cohort (OR 6.08, [1.68–21.97]; p=0.006) and working in psychiatry (OR 12.34, [5.40–28.23]; p<0.001).
Conclusions: Higher rates of multiple threats and acts of violence were observed during early medical careers, with men at higher risk. Low levels of vulnerability traits (neuroticism) predicted independently the experience of violent threats. A cohort effect indicated a reduction in WPV (both threats and acts) in the younger cohort.

Keywords: workplace violence; threats; Predictors; longitudinal study

EPP0655

Burnout syndrome among brazilian medical students under different educational models

T. Prata[1]*, D. Calcides[2], E. Vasconcelhos[3], A. Carvalho[4], E. De Melo[1] and E. Costa[1]

[1]Medicine Department, Federal University of Sergipe, Aracaju, Brazil; [2]University Hospital Of The Federal University Of Sergipe, Federal University of Sergipe, Aracaju, Brazil; [3]Medicine Department Lagarto, Federal University of Sergipe, Lagarto, Brazil and [4]Pharmacy Department Lagarto, Federal University of Sergipe, Lagarto, Brazil
*Corresponding author.
doi: 10.1192/j.eurpsy.2021.987

Introduction: Medical students are exposed to many stressors which may contribute to the onset of Burnout Syndrome (BS). It consists of a triad of emotional exhaustion, cynicism and low professional efficacy. As a result, BS may reduce academic performance, quality of life and damage future professional life.
Objectives: Estimate the prevalence and recognize associated factors of BS among medical students from two different medical schools form the same Brazilian Public University with different teaching models: School 1, with a traditional model, and School 2, with Problem-Based Learning model.
Methods: A cross-sectional study was performed with randomly selected students between April and June 2019. A structured questionnaire on socio-demographic characteristics and the educational process in addition to The Maslach Burnout Inventory/Student Survey (MBI-SS) were used. Statistical evaluation of multiple variables was performed through backward stepwise logistic regression analysis.
Results: Study included 213 students, with an average age of 23±3.77, 50,2% were male and 62,5% belong to School 1. Among this sample, 21,6% of the students fit tridimensional criteria for BS. Burnout levels were higher in those people who rarely get emotional support they need in the course (OR=3,98, CI 95%, 1,75-9,06), who considered abandoning the course (OR= 2,88, CI 95% 1,29-6,43) and who consider their academic performance regular or weak (OR= 12,1, CI 95%, 4-36,5).
Conclusions: Results suggest a high prevalence of BS with factors associated with the psychosocial and educational sphere of medical students. In our research, the teaching model was not a factor associated with BS.

Keywords: Burnout Syndrome; Medical Students; mental disorder; Medical Education